MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

CERTIFICATE OF DEATH

04368

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Rockville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 704 - West Montg. Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Rockville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 704 - West Montg Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Truman Handy Aud. 3. (b) Social Security Number None

4. Sex Male | 5. Color or race White | 6.(a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Eva L. Aud

6(c) If alive, give age about 60 years

7. Birth date of deceased (mo., day, yr.) November 10 1870

8. AGE: Years 69 | Months 5 | Days 13 | If less than one day ____ hrs. ____ min.

9. Birthplace Poolesville - Montgo Co Md (Town, county, and state)

10. Usual occupation Retired School Teacher

11. Industry or business

FATHER 12. Name William Thomas Aud

13. Birthplace Poolesville - Md

MOTHER 14. Maiden name Susan Ann Veirs

15. Birthplace Nr. Poolesville - Md

16. Informant Edward T. Aud - (Son)

Address 704 - W. Montg Ave Rockville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 26 - 1940 (month) (day) (year)

Cemetery or crematory Monocacy Cemetery

Location Bralls ville P. Maryland

18. Funeral director Wm. Reuben Pumphrey

Address Rockville - Maryland

19. 4-25 1940 Faye Barnsley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1940, at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1936, to April 23 1940, and that I last saw h sim alive on April 23 1940.

	DURATION
Immediate cause of death Pulmonary edema	12 hrs.
Due to Chronic valvular heart disease	
Due to	
Other conditions Chronic Nephritis	

(Include pregnancy within 3 months of death)

Major findings:

Ot operations

Ot autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. V. Hartley, M.D. M. D. or other

Address Rockville, Md Date signed April 24, 1940

RECEIVED
MAY 8 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04369

Reg. Dist. No. 216

1. PLACE OF DEATH:
County Montgomery
City or town Chevy Chase
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: 419 Raymond St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infant give residence of mother)
State Maryland County Montgomery
City or town Chevy Chase Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 419 Raymond St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Nellie E. Atkinson

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Frank Atkinson
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 65			hrs. min.

9. Birthplace Clinton Massachusetts (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER	12. Name	Solomon Poole
	13. Birthplace	Massachusetts
MOTHER	14. Maiden name	Jane Ellis
	15. Birthplace	Massachusetts

16. Informant Frank Atkinson
Address 419 Raymond St.
17. (Burial, cremation, or removal. Which?) Date thereof April 16 1940 (month) (day) (year)
Cemetery or crematory Woodlawn Cem.
Location Clinton Mass
18. Funeral director Martin D. Hyson
Address 1300 K. St. Washington D.C.
19. 4-17 1940 B.C. Perry
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17th 1940 at 11:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from summer 1926 to April 17 1940 and that I last saw her alive on April 17 1940.

	DURATION
Immediate cause of death Coronary Thrombosis	one day
Due to Mitral Insufficiency	
Due to Cardio Renal Vascular disease	chronic
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide None Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank Williman M.D.
M. D. or other
Address 2731 Conn. Ave Washington D.C. Date signed 4/17/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04370

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Montgomery — Registration Dist. No. 223

WITHIN CORPORATE LIMITS

Village or City Takoma Park, Md. — No. 507 Carroll ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick W. Bangerter,

(a) Residence: No. 507 Carroll Ave., Takoma Park, Md Ward. Takoma Park Md.

3828 Davenport St. N.W. Wash. D.C. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of XXX Laura E. Bangerter

6. DATE OF BIRTH (month, day, and year) June 12 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68 67	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington DC.

FATHER

13. NAME Frederick Bangerter

14. BIRTHPLACE (city or town) (State or country) Switzland

MOTHER

15. MAIDEN NAME Christina Krueger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Laura E. Bangerter

(Address) 3828 Davenport St. NW. Wa. DC.

18. BURIAL, CREMATION, OR REMOVAL

Place Rock Creek Cem. Date Apr. 12, 1940

19. UNDERTAKER The D.H. Hines Co.

(Address) 2901-14th St. NW.

20. FILED Apr 10, 1940 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 10 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1940, to April 10, 1940

I last saw h.. alive on April 10, 1940; death is said to have occurred on the date stated above, at 9 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

	Date of onset
Cerebral Hemorrhage (apoplexy)	Mar 1, 1940

Other Contributory Causes of importance:

Senility none

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an au'opsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Ed J. Grass M. D.

(Address) 3700 Massachusetts ave N.W.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04371

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Silver Springs Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 325 Houston St Silver Springs

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Silver Springs Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edward S Barnsley

3. (b) Social Security Number 212-16-0124

4. Sex Male 49

5. Color or race White

6. (a) Single, married, widowed or divorced ~~Single~~ Married

6 (b) Name of ~~husband~~ or wife Catherine S Barnsley

6(c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) June 26 - 1890

8. AGE: Years 49 Months 9 Days 23 If less than one day ___ hrs. ___ min.

9. Birthplace Olney Md Montgomery Co. (Town, county, and state)

10. Usual occupation Guard

11. Industry or business Sanitary Commissioners

FATHER 12. Name James N Barnsley

13. Birthplace Montgomery Co.

MOTHER 14. Maiden name Carrie E Barnsley

15. Birthplace Montgomery Md

16. Informant Catherine Stanley Barnsley

Address 325 Houston St Silver Springs

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 20 1940 (month) (day) (year)

Cemetery or crematory Damascus Md

Location Montgomery Co. Md

18. Funeral director Roy W Barber

Address Laytonsville Md

19. April 19 1940 (Date rec'd by registrar) Margaret C. Tremearne Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 18 1940, at 3 A M About

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h ___ alive on ___ 19___.

Immediate cause of death Carbon Monoxide Poison

Due to Suicide

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 4/18/40

Where did injury occur? Silver Spring (City or town) Mont (County) Md (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Carbon Monoxide Poison Injured at work? No Suicide

23. SIGNATURE C. E. Hawks M. D. or other

Deputy Med Ex. Mont

Address Rockville Md Date signed 4/18/40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13FE

04372

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH:
County Montgomery
City or town Nr. Browningsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) All her life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Nr. Browningsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3.(a) FULL NAME Sybell Madusky Bennett

3.(b) Social Security Number None

4. Sex F
5. Color or race W
6.(a) Single, married, widowed, or divorced Widowed
6(b) Name of husband ~~or wife~~ Richard Bennett
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 3, 1856

8. AGE: Years 84 Months 2 Days 2 If less than one day hrs. min.

9. Birthplace Nr. Browningsville Md.
(Town, county, and state)
10. Usual occupation Retired Housewife
11. Industry or business Home

FATHER
12. Name Wm. Browning
13. Birthplace Nr. Browningsville Md.

MOTHER
14. Maiden name Lucinda Brandenburg
15. Birthplace Nr. Browningsville Md.

16. Informant Talmadge Bennett
Address R.D. Monrovia, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Apr. 7. 1940
(month) (day) (year)
Cemetery or crematory Bethesda Cemetery
Location Nr. Browningsville Md.

18. Funeral director J. B. Beall, Inc.
Address Damascus Md.

19. April 6 1940 Della N. Burdette Dept Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1940, at 100 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1940, to Apr. 5 1940, and that I last saw her alive on Apr. 5 1940.

Immediate cause of death	DURATION
Arterio-sclerotic Heart disease	5 yrs
Chronic Nephritis	unknown
Due to	
Due to	
Other conditions Passive congestion of lungs	5 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George M. Boyer M.D.
M. D. or other
Address Damascus, Md. Date signed 4-6-40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04373

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Glenmont m d
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Glenmont Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR nd

3. (a) FULL NAME CHARLES HENRY BURRISS

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) april 22nd 1869

8. AGE: Years 70 | Months 11 | Days 19 | If less than one day hrs. min.

9. Birthplace Lay Hill md
(Town, county, and state)

10. Usual occupation None -

11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace "
MOTHER
14. Maiden name Elizabeth Burriss
15. Birthplace Lay Hill md

18. Informant Mrs Florence Turner
Address Glenmont md

17. Burial (Burial, cremation, or removal, with date) Date thereof April 14-1940 (month) (day) (year)
Cemetery or crematory Lay Hill
Location Lay Hill md

18. Funeral director Lee W Chambers Co
Address Riverdale md

19. 4-11 1940 Margaret C. Tremearne
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1940, at 7:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 4 1940 to April 11 1940, and that I last saw him alive on April 10 1940

	DURATION
Immediate cause of death Uraemia	4 days
Due to Chronic interstitial nephritis	?
Due to	
Other conditions Hypertensive heart disease	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J Wilkins Cook M.D.
M. D. or other
Address Kensington, Md. Date signed 4/11/40

RECEIVED
APR 23 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(53)

04374

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County Montgomery

City or town Chevy Chase

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Chevy Chase Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 6405-Ridgewood Ave.,

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frank Dow, Jr.

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 20, 1934

8. AGE: Years 15 | Months 10 | Days 11 | If less than one day ____ hrs. ____ min.

9. Birthplace Dexter, Maine (Town, county, and state)

10. Usual occupation School

11. Industry or business

FATHER

12. Name Frank Dow, Sr.

13. Birthplace Sangerville, Me.

MOTHER

14. Maiden name Alice Packard

15. Birthplace Sebec, Maine

16. Informant Frank Dow

Address 6405-Ridgewood Ave.

17. Removal (~~Burial, cremation, or removal. Which?~~) Date thereof April 2nd 1940 (month) (day) (year)

Cemetery or crematory Dexter,

Location Dexter, Maine

18. Funeral director N. K. Tabler

Address Wash. D. C.

19. April 2nd, 1940 (Date rec'd by registrar) B. C. Perry, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1-40 19 at 4:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-1-30 19 , to 4-1-40 19 , and that I last saw h~~im~~ alive on 4-1-40 19

Immediate cause of death: Neurocytoma; malignant. Myocytoma Struck by baseball, left side of face, near Myocytoma; malignant. maxilla. Cuss

Due to Injury to face

Due to Struck, in 1938; tumor first noticed in Spring of 1939; died, spring of 1940.

Other conditions General Mistake Primary, in left side of face.

(Include pregnancy within 3 months of death)

Major findings:

Of operations This malignant tumor was classified by Dr. Ewing, Cancer Memorial Hos.

Of autopsy pital, New York City.

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE James F. Davidson M. D. or other

Address 203 Elm Ch ch Md Date signed 4-1-40

RECEIVED
MAY 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04375

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Montg Co, Registration Dist. No. 218

Village or City Gaithersburg Md(City) No. Methodist Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residenca in city or town whera death occurred yrs. 5 mos. 1 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Malinda Pleasant Ellmore If U. S. Veteran, specify WAR

(a) Residence: No. Gaithersburg Md St., Ward. Ryan. Va,

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W Ellmore

6. DATE OF BIRTH (month, day, and year) July 20th 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1850 89	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. House Wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. "

10. Date deceased last worked at this occupation (month and year) "

11. Total tima (yaars) spent in this occupation "

12. BIRTHPLACE (city or town) Ryan, Va, (State or country)

FATHER

13. NAME PhillipHowser

14. BIRTHPLACE (city or town) Va (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Vauters

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Methodist Home, Rev H M Wilson (Address) Gaithersburg Md

18. BURIAL, CREMATION, OR REMOVAL Place Ryan Va, Date April 3rd 19 40

19. UNDERTAKER Ernest O Gartner (Address) Gaithersburg Md

20. FILED April 2, 1940 Alonda D Cooke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April / , 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June, 1939, to April 1, 1940

I last saw h.. alive on April 1, 1940; death is said to have occurred on the date stated above, at 2-50 Am m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic myocarditis	
Chronic interstitial nephritis	

Dther **Contributory Causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was dua to axternal causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Esther F. Kuhns M. D.

(Address) Rockville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04376

(61)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 213

Village or City Rockville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where deeth occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Warring E. Evans **3.(R)** U.S. Navy

(a) Residence: No. St., Ward. If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Judd Evans

6. DATE OF BIRTH (month, day, and year) Nov 23 1858

7. AGE	Yeers	Months	Deys	If LESS then 1 day, hrs. or min.
	81	4	16	

OCCUPATION

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. Stat. Treas.

10. Dete deceased lest worked et this occupation (month and year)

11. Totel time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Benjamin Evans

14. BIRTHPLACE (city or town) (State or country) Lancaster Pa.

MOTHER

15. MAIDEN NAME Mary E Beyer

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT C. Judd Evans (Address) 3109 Hawthorn St

18. BURIAL, CREMATION, OR REMOVAL Place Removal Date April 8, 1940

19. UNDERTAKER Martin W Hyson Co (Address) 1300 N St N W

20. FILED 4-8, 1940 Faye Barnsley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 8 (Month) (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 19 1939, to April 8, 1940

I last saw him alive on April 8, 1940; deeth is said to have occurred on the date stated above, at 3.39 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset

Other Contributory Causes of importence: Chronic Diabetis

Name of operetion None Date of

What test confirmed diagnosis? Wes there an autopsy?

23. If death was due to externel ceuses (VIDLENCE) fill in elso the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of Injury

Nature of injury

24. Wes disease or injury in any way related to occupetion of deceesed?

If so, specify

(Signed) C E Hantz M. D.

(Address) Rockville md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 3 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(97)

04377

Reg. Dist. No. 216

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County MONTGOMERY

City or town 6318 - WOODSIDE PL, Chevy Chase
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 7 mo- 12 ds.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Chevy Chase Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 6318 Woodside Pl
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR NONE

3. (a) FULL NAME FRANK EUGENE FISHER

3. (b) Social Security Number NONE

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
MALE	WHITE	WIDOWER

B (b) Name of husband or wife LU B. FISHER

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) MARCH 11, 1859

8. AGE:

Years	Months	Days	If less than one day
81	1	19	____ hrs. ____ min.

9. Birthplace DETROIT, MICH.
(Town, county, and state)

10. Usual occupation RETIRED

11. Industry or business Electric Manufacturing

FATHER
12. Name FRANCIS FISHER
13. Birthplace CANADA

MOTHER
14. Maiden name MARGARET MATHESON
15. Birthplace CANADA

18. Informant W. GOMER FISHER

Address 6318 WOODSIDE PL.

17. Removal (Burial, cremation, or removal. Which?) Date thereof 4/30/40 (month) (day) (year)

Cemetery or crematory Wash. D.C.

Location

18. Funeral director Joe Gawler's Sons

Address 1736 Penna Ave N.W.

19. Apr. 30 1940 (Date rec'd by registrar) Thomas K. Conrad Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1940, at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 1940, to April 30 1940, and that I last saw h alive on April 29 1940.

	DURATION
Immediate cause of death Explosion	2 days
Due to Intussusception	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None performed

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address 4806 - 8th St. N.W. Date signed 4/30/40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04378

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Clifton Park - near Silver Spring
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Clifton Park - near Silver Spring Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Florence A Florence

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Charles Edward Florence

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1885

8. AGE: Years 54 Months 6 Days 16 If less than one day hrs. min.

9. Birthplace South Dakota
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George A. Wright
13. Birthplace New Hampshire

MOTHER
14. Maiden name Ada Long
15. Birthplace Michigan

16. Informant Mr Alfred Merrill

Address Clifton Park, Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof April 19, 1940
(month) (day) (year)

Cemetery or crematory Arlington National Cemetery

Location Ft Meyer, Va

18. Funeral director Warner E. Pumphrey

Address 8424 Ga. ave., Silver Spring, Md.

19. April 18 1940
(Date rec'd by registrar)

Sallie B. Leibig
Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 16 1940, at 1215 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Owner Case 19 , to 19 ,

and that I last saw h ... on 19

Immediate cause of death Cerebral hemorrhage

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Hawks
Deputy Med Examiner Mont Co

Address Rockville Md Date signed 4/17/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 1 1940
BUREAU V. R.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04379

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 213

Village or City Rockville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME J. Pearl Pratt If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: wife of James P. Pratt

6. DATE OF BIRTH (month, day, and year): Dec 25 - 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Home

10. Date deceased last worked at this occupation (month and year): 1/30/40

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Lovettsville (State or country) Va.

FATHER

13. NAME Johnson Atwell

14. BIRTHPLACE (city or town) Virginia (State or country)

MOTHER

15. MAIDEN NAME Carrie Jones

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs. Dorothy Bryan (Address) Rockville, Md

18. BURIAL, CREMATION, OR REMOVAL Place Barnesville, Md. Date 4/25/40

19. UNDERTAKER William B. Hilleary (Address) Barnesville, Md.

20. FILED 4-23, 1940 Faye Barnesby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 23 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1/30, 1940, to 4/23, 1940

I last saw her alive on April 16, 1940; death is said to have occurred on the date stated above, at 5:30A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/30/40
Other Contributory Causes of Importance: Hypertension	1935?

Name of operation Date of

What test confirmed diagnosis? Electrocardiogram Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) William W. Welch M. D.

(Address) Rockville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED MAY 8 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-21

04380

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:

County Montgomery

City or town Rural Near Laytonsville Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) Twenty Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Rural Near Laytonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Norman W Gregg

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife Lucy J Gregg

6(c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Dec 12. 1894

8. AGE: Years 45 | Months 3 | Days 24 | If less than one day ___ hrs. ___ min.

9. Birthplace Frederick Co Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farmer

FATHER
12. Name William E Gregg
13. Birthplace Va

MOTHER
14. Maiden name Marguerit Stream
15. Birthplace Va

16. Informant Mrs Lucy J Gregg
Address Gaithersburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 6 1940 (month) (day) (year)

Cemetery or crematory Laytonsville ME

Location Montgomery Co Md

18. Funeral director Roy W Barber
Address Laytonsville Md

19. 4/5/40 (Date rec'd by registrar) 19 Dept Registrar Lr D Bell

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1940, at 1:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from deceased died suddenly without an attending physician 19 to 19 and that I last saw him alive and dead soon after his death 19

Immediate cause of death was Heart Failure due to Myocardial Insufficiency from which he suffered about 1 year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

DURATION: 1 year

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Vernon H Dyson M. D. or other

Address Laytonsville Md Date signed Apr 4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

M

T

RECEIVED
MAY 8 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

04381

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Kensington, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Kensington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rosie Gross.

3. (b) Social Security Number none

4. Sex Female

5. Color or race colored

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Robert Gross

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 11, 1872

8. AGE: Years 68 Months 4 Days 7 If less than one day hrs. min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Joseph Davis

13. Birthplace Md.

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant Robert Gross

Address Kensington, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof Apr. 21, 1940 (month) (day) (year)

Cemetery or crematory Lincoln Park.

Location Rockville-Md

18. Funeral director Robert L. Snowden.

Address Rockville, Md.

19. April 20 1940 (Date rec'd by registrar) Margaret C. Tremearne Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1940, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 23 1940 to April 17 1940, and that I last saw her alive on April 17 1940.

Immediate cause of death Coronary thrombosis — DURATION 6 min

Due to Coronary sclerosis — ?

Due to

Other conditions Chronic interstitial nephritis — ?

Rheumatic fever — 10 weeks

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Wilkins Cooch, Md. M. D. or other

Address Kensington, Md. Date signed 4/18/40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

04382

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH

County Montgomery

City or town Glen Echo Heights
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Washington, D.C. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 4626-9th St., N.W.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Charles G. Hansen

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 5, 1895

8. AGE: Years 44 Months 4 Days 15 If less than one day hrs. min.

9. Birthplace Wisconsin
(Town, county, and state)

10. Usual occupation Government Clerk

11. Industry or business

FATHER
12. Name Christian E. Hansen
13. Birthplace Denmark

MOTHER
14. Maiden name Martha Christiansen
15. Birthplace Denmark

16. Informant Mary C. Hansen
Address 4626-9th St., N.W., Wash., D.C.

17. burial
(Burial, cremation, or removal. Which?)
Date thereof Apr. 22, 1940
(month) (day) (year)

Cemetery or crematory Glenwood

Location Lincoln Road, D.C.

18. Funeral director Wm. Reuben Pumphrey
Address 7005 Wisconsin Ave., Bethesda, Md.

19. Apr. 22 1940 B. C. Perry, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 20 1940, at 5:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h plice on Cowner Case 19

Immediate cause of death Coronary Occlusion due to Chronic Myocarditis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Hawks
Deputy Med Ex Govt. Co M.D. or other

Address Rockville Md Date signed 4/20/40

Authorization to change items in red, letter filed under Marie C. Hansen, informant.
5/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (J)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04383

CERTIFICATE OF DEATH (92P)

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Silver Spring
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Corner Islington St. & Woodbury Drive

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Silver Spring Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 7800 Woodbury Drive
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR —

3. (a) FULL NAME Wayne Guy Hesselgesser

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1925

8. AGE: Years 14 Months 4 Days 5 If less than one day ___ hrs. ___ min.

9. Birthplace Westview, Pa.
(Town, county, and state)

10. Usual occupation Schoolboy

11. Industry or business —

FATHER
12. Name Guy S. Hesselgesser
13. Birthplace Pa.

MOTHER
14. Maiden name Blanche M. Hesselgesser
15. Birthplace Pa.

16. Informant Guy S. Hesselgesser

Address 7800 Woodbury Dr., Silver Spring

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 26, 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Fort Lincoln

Location Bladensburg Rd., Md.

18. Funeral director Warner E. Pumphrey

Address Silver Spring, Md.

19. 4-25 1940 (Date rec'd by registrar) Sallie B. Leibig Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/23 1940, at 3:55 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Corner 19 , to 19 , and that I last saw h alive on Case 19

Immediate cause of death Mitral regurgitation

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Hawks Deputy Med. Ex. of Mont. Co. M.D. or other

Address Rockville Md. Date signed 4/23/40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (61) Reg. Dist. No. 214

CERTIFICATE OF DEATH

04384

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) County: Montgomery Co.
(b) City or town: Manor Club Park (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in this community (yrs., mos., or days):

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State: (b) County: ✓
(c) City or town: Washington D.C. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3419-24th St. N.E. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Emma V. Dickman

3 (b) If veteran, name war:

3 (c) Social Security No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Harry B. Dickman

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 4 1871

8. AGE: Years: 69 | Months: — | Days: — | If less than one day: hr. min.

9. Birthplace: Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Charles L. Dobbs
13. Birthplace: Md.

MOTHER
14. Maiden Name: Frances Myers
15. Birthplace: Md.

16 (a) Informant: H. R. Dickman
(b) Address: Manor Club Park

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/40 (month) (day) (year)
(c) Cemetery or crematory: Ft Lincoln Cem.
Location:

18 (a) Funeral director: The Gawthrop Co
(b) Address: 2901-14th St. N.W.

19 (a) 4-4-1940 (Date rec'd by registrar) (b) Margaret C. Tremearne Local Registrar

MEDICAL CERTIFICATION

20. Date of death 4/4 1940, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1937, to Apr 4 1940, and that I last saw him alive on 4/4 1940.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other conditions Chr. hypertension and arteriosclerosis Diabetes mellitus (Include pregnancy within 3 months of death)	

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: William E. Young M.D. (M.D. or other)
Address 6025-7th N.W. Date signed 4/4/40

RECEIVED
APR 7 1948
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04385

CERTIFICATE OF DEATH

Reg. Dist. No. 222

1. PLACE OF DEATH:

County Montgomery

WITHIN CORPORATE LIMITS

City or town Takoma Park

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Sanitarium and Hospital

Stay in hospital or inst. (yrs., or mos., or days) 6 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Bethesda Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 4511 West Virginia Avenue

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs. Elizabeth Mary Hill

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mr. Theodore Hill

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) March 20, 1880

8. AGE: Years 60 | Months 1 | Days 7 | If less than one day ___ hrs. ___ min.

9. Birthplace New York City, New York (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER

12. Name George Jackson

13. Birthplace Devonshire, England

MOTHER

14. Maiden name Mary Williams

15. Birthplace ? England

18. Informant Washington Sanitarium Records

Address Takoma Park, Maryland

17. ~~Removal~~ Cremation (Burial, cremation, or removal. Which?) Date thereof April 27, 1940 (month) (day) (year)

Cemetery or crematory Cedar Hill

Location Suitland Maryland

18. Funeral director Wm. Reuben Pumphrey

Address Bethesda Md.

19. Apr. 28 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1940, at 6 55 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 22 1940, to April 27 1940, and that I last saw her alive on Apr 26 1940

Immediate cause of death: Cancer of breast (operated) with 2nd ary Ca of lung and abdominal cavity

Due to: Metastasis to bone of arm & spontaneous fractures

Due to: Spontaneous pneumohydrothorax

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas H. Wolohan M.D. M. D. or other

Address Takoma Park, Md. Date signed 4/27/40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-3)

CERTIFICATE OF DEATH

04386

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

CORPORATE LIMITS OF

City or town Takoma Park

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Takoma Park: Washington Sanitarium & Hospital

Stay in hospital or inst. (yrs., or mos., or days) 48 days.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia County Nansemond

City or town Suffolk Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 109 Brewer Ave.

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Mrs. Blanche Holland

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Mr. Carlyle Pearman Holland

6(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) March 31, 1884

8. AGE: Years	Months	Days	If less than one day
56		5	hrs. min.

9. Birthplace Windsor, Va (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER 12. Name James I. Holland

13. Birthplace Windsor, Virginia

MOTHER 14. Maiden name Molly J. Saunders

15. Birthplace Windsor, Va.

16. Informant Washington Sanitarium & Hosp. Records

Address Takoma Park, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 6 (month) (day) (year)

Cemetery or crematory Cedar Hill

Location Suffolk, Va

18. Funeral director S. H. Sines Co.

Address 2901 - 14th St. N.W.

19. Apr 6 1940 (Date rec'd by registrar) D. Duffy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1940, at 12:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 10 1940 to April 6 1940, and that I last saw her alive on April 5 1940

Immediate cause of death	DURATION
Carcinoma of head of pancreas.	1 yr
Due to	
Due to	
Other conditions Metastatic Carcinoma of liver.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations as above.

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. R. Coyne M.D. M. D. or other

Address Takoma Park Md Date signed 4/6/1940

RECEIVED
MAY 8 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (126)

04387

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

County Montgomery

City or town Takoma Park (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Sanitarium Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 day

Stay in this community (yrs., or mos., or days) 2 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Bethesda Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 347 S. Chelsea Lane
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Holzhauer, Anna

3. (b) Social Security Number

4. Sex female

5. Color or race W

6. (a) Single, married, widowed, or divorced Married

8 (b) Name of husband or wife Karl Holzhauer

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 2, 1868

8. AGE: Years 71 Months 11 Days 24 If less than one day ____ hrs. ____ min.

9. Birthplace Bernburg Germany (Town, county, and state)

10. Usual occupation housewife

11. Industry or business daughter's home

FATHER
12. Name Adolph Beckerman
13. Birthplace Natho, Germany

MOTHER
14. Maiden name Augusta Hugo
15. Birthplace Dillon, Germany

16. Informant Hospital Records

Address

17. ~~Removal~~ Burial (Burial, cremation, or removal. Which?) Date thereof April ~~26~~ 29, 1940 (month) (day) (year)

Cemetery or crematory Cedar Hill

Location Suitland - Maryland

18. Funeral director Wm. Reuben Pumphrey

Address Bethesda Md

19. Apr 27 1940 (Date rec'd by registrar) J. Wilson Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/24 1940, to 4/26 1940, and that I last saw her alive on 4/26/ 1940.

Immediate cause of death Acute massive pneumonia (Postoperative)

Due to Acute Cholecystitis and Cholelithiasis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Large tense gall bladder containing several stones.

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bruce T. Benjamin M.D. M. D. or other

Address Bethesda, Maryland Date signed 4/26/40

RECEIVED
MAY 6 1940
BUREAU V. S.

04388

CB

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: Bethesda

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 518 Goddard Rd.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 3 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Vermont County:

City or town: St Albans Ward No.:

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 123 - South Main

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Dorothy May Howard

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

8 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 9 - 1912

8. AGE: Years: 28 Months: Days: 23 If less than one day: hrs. min.

9. Birthplace: South Dakota (Town, county, and state)

10. Usual occupation: none

11. Industry or business:

FATHER

12. Name: George Leonard Howard

13. Birthplace: Funnel City Wisc.

MOTHER

14. Maiden name: Daisy McCawley

15. Birthplace: South Carthage South Dakota

16. Informant: Mrs Robert J. Gutheim

Address: 518 Goddard Rd.

17. St Albans VT. (Burial, cremation, or removal. Which?) Date thereof: April 2 - 1940 (month) (day) (year)

Cemetery or crematory:

Location: St Albans VT.

18. Funeral director: Jos Gawler's Sons

Address: 1756 Pa Ave N.W. Wash. D.C.

19. 4 - 1 1940 (Date rec'd by registrar) B.C. Perry. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 1 1940, at 12.15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mch 25 April 1. 1940, to 19

and that I last saw her alive on April 1. 40 19

Immediate cause of death: Pulmonary Oedema

Due to: Chronic Myocarditis. Duration: Six years, during which time she was practically an invalid. C.W.E.R.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W. Lindsay Bowen M.D. M. D. or other

Address: 3125 Ca. Ave. NW Date signed: Ap 1. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

I

T

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131a)

04389

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:

County Montgomery

City or town Montrose, Wheaton R.F.D. (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 58 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State County

City or town Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Levi W. Johnson

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 18 - 1881

8. AGE:

Years	Months	Days	If less than one day
58	8	8	hrs. min.

9. Birthplace Montrose, Montg Co Md. (Town, county, and state)

10. Usual occupation School teacher

11. Industry or business

FATHER 12. Name Charles Johnson

13. Birthplace Maryland

MOTHER 14. Maiden name Martha Warren

15. Birthplace Maryland

16. Informant Mary Bettes

Address Wheaton, R.F.D. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/28/40 (month) (day) (year)

Cemetery or crematory Montrose

Location Montrose

18. Funeral director Wm B. Tilden

Address Burnesville Md

19. Apr 26 1940 E W White (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 26 1940, at 4 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to Apr 26 1940 and that I last saw him alive on Apr 20 1940

Immediate cause of death acute myocarditis — DURATION 7 days

Due to Cardio Renal disease — 3 yrs

Due to

Other conditions Bronchial asthma — 3 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E W White M. D. or other

Address Brookville Date signed 4/26/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(97)

04390

Reg. Dist. No. 214

1. PLACE OF DEATH:
County Forest Glenn, Maryland
City or town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 4 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Forest Glenn County
City or town Maryland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Ellen Kennedy

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife John Kennedy
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) aug 15 - 1860
8. AGE: Years 80 79 Months 7 Days 23 If less than one day hrs. min.
9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual occupation None
11. Industry or business
FATHER 12. Name Thomas O'Neile
13. Birthplace Ireland
MOTHER 14. Maiden name Anna O'Neill
15. Birthplace Ireland
16. Informant Rev. Joseph T. Kennedy
Address Forest Glen, Maryland
17. Mt. Olivet Date thereof 4 11 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Mt. Olivet
Location Wash. D.C.
18. Funeral director P. J. Saffell
Address 475 - H - N.W.
19. April 15 1940 F. E. Wudley Deputy Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1940, at 1:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1935 19 , to April 6 1940
and that I last saw her alive on April 6 1940.

Immediate cause of death	DURATION
Exhaustion	3 mos.
Due to Generalized Arterio-sclerosis	5 yrs
Due to Age	
Other conditions Chronic Cystitis? Chematuria	5 yrs.

(Include pregnancy within 3 months of death)
Major findings:
Of operations none done
Of autopsy none done

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John J. Tyrrell M.D.
M. D. or other
Address 1150 Conn Ave DC Date signed Apr 9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

FILED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

04391

Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montg Co
City or town: Germantown R.F.D-1
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 69

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Montg.
City or town: Germantown R.F.D-1 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Luther Newton King

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male.	W.	married.

6 (b) Name of husband or wife: Clara M King.
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 8.

8. AGE: Years	Months	Days	If less than one day
1850 89	6	12	hrs. min.

9. Birthplace: Md.
(Town, county, and state)
10. Usual occupation: Merchant
11. Industry or business: —

FATHER
12. Name: Charles M King.
13. Birthplace: Md.

MOTHER
14. Maiden name: Harriet J. Brewer
15. Birthplace: Md.

16. Informant: Mrs Clara M King
Address: Germantown R.F.D 1

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr. 22/40 (month) (day) (year)
Cemetery or crematory: Cedar Grove Md.
Location: —

18. Funeral director: Ely Gartner
Address: Gaithersburg Md.

19. April 21 1940 Della W. Burdette Deputy Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 20 1940, at 2 P M (or minutes)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1930 to Apr. 20 1940, and that I last saw him alive on April 19 1940.

Immediate cause of death	DURATION
Uraemic Poisoning	4 days
Due to Arterio Sclerotic Condition	5 yrs.
Chronic nephritis arteriosclerotic, nephritis	
Due to Duration is more than five years	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: George M. Boyer M.D.
M. D. or other
Address: Damascus, Md. Date signed 4-21-40

RECEIVED
MAY 6 1940
BUREAU V. S.

04392

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92-E

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF ~~DEATH~~:

County Monty

City or town Near Poolsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 8 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Monty

City or town Poolsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Bertha R Lee

3. (b) Social Security Number

4. Sex F

5. Color or race C

6. (a) ~~Single, married~~, widowed, ~~or divorced~~

6 (b) Name of husband or wife Franklin Lee

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years about 90 | Months | Days | If less than one day hrs. min.

9. Birthplace Monty Co Md (Town, county, and state)

10. Usual occupation House work

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden name Matilda Jackson

15. Birthplace Md

16. Informant Ora Pyles

Address Poolsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 20-1940 (month) (day) (year)

Cemetery or ~~crematory~~ Poolsville Md

Location Poolsville Md.

18. Funeral director Clarence H Davis

Address Poolsville Md

19. Apr 18 1940 (Date rec'd by registrar) E. W. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 17 1940, at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1939 June 19 , to Apr 17 1940, and that I last saw her alive on Jan 1940

Immediate cause of death Chronic myocarditis — DURATION 1 week

Due to Mitral Insufficiency (Have seen her) — 10 yrs

Due to 3 times in past year

Other conditions Arterial Sclerosis — 10 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E W White M. D. or other

Address Poolsville Date signed 4/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 27 1940
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164a)

04393

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County: Montgomery

City or town: Near Kensington (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Concord & Perry Aves.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Near Kensington Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Concord & Perry Aves. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Charles Willard Lonas

3. (b) Social Security Number: unknown

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lillian M Lonas

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 22 - 1910

8. AGE: Years: 29 Months: 10 Days: 16 If less than one day: hrs. min.

9. Birthplace: Mt. Jackson - Virginia (Town, county, and state)

10. Usual occupation: Former Deputy Sheriff - Unemployed

11. Industry or business:

FATHER 12. Name: Harry Lonas

13. Birthplace: Mt Jackson Virginia

MOTHER 14. Maiden name: unknown

15. Birthplace: Mt Jackson Virginia

16. Informant: Mr. Granvell Berry

Address: Concord & Perry Aves., Kensington, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 9, 1940 (month) (day) (year)

Cemetery or crematory: St. Mary's

Location: Rockville, Maryland

18. Funeral director: W Reuben Pumphrey

Address: 7005 Wis Ave. Bethesda Md

19. 4 - 8 (Date rec'd by registrar) 1940 Margaret C. Tremearne Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr 5 1940, at 7.25 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw him alive on 19 .

Immediate cause of death: Coronary Case Suicide by Hanging

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Suicide Date of: 4/5/40

Where did injury occur? Kensington (City or town) Mont (County) Md (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: Hanging Injured at work? No

23. SIGNATURE: J. E. Hawks M D

Address: Rockville Md Date signed: 4/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 29 1940
BUREAU V. R.

Chief, Bureau of Vital Statistics

AWH:FEK

I imagine the enclosed certificate must be the one requested. I have tried to find whether there is any social Security no. but no one knows whether the deceased had one. I talked with a man from the police force (where he was last employed) but he thought Mr. Lonas had no social sec. no.

VS. C90
1/39 - 500

Margaret C. Tremearne.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04394

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: 4612 West Va. Ave., Bethesda, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 16½ Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Bethesda, Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 4612 West Va. Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Margaret M. Long

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Chauncey D. Long

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 7, 1880

8. AGE:

Years	Months	Days	If less than one day
59	10	26	hrs. min.

9. Birthplace: Hunting Hill, Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: William L. Buckingham
13. Birthplace: Carroll County, Maryland

MOTHER
14. Maiden name: Elizabeth E. Stevens
15. Birthplace: Darnestown, Maryland

16. Informant: Family
Address: 4612 West Va. Ave., Bethesda, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 5, 1940 (month) (day) (year)

Cemetery or crematory: Rockville Union Cemetery

Location: Rockville, Maryland

18. Funeral director: Wm. Rowden Pumphrey

Address: Bethesda - Md.

19. April 5th 1940 (Date rec'd by registrar) B. C. Perry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 3rd 1940, at 11.27 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 19th 1940, to April 3rd 1940, and that I last saw her alive on April 3rd 1940.

	DURATION
Immediate cause of death: Bronchopneumonia	7 days
Due to: Exposure	
Due to:	
Other conditions: Cerebral Hemorrhage	5 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Wheeler D. Huff

Address: 7223 Wis. Ave. M. D. or other

Bethesda, Md. Date signed: Apr 5/40

RECEIVED
MAY 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (123)

CERTIFICATE OF DEATH

04395

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hospital Inc.

Stay in hospital or inst. (yrs., or mos., or days) 7 days.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Rockville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jessie Martin

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Grace Martin

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): November 9, 1890

8. AGE: Years 49 | Months 5 | Days 3 | If less than one day ____ hrs. ____ min.

9. Birthplace: Rockville, Montg. Co. Maryland
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Wallace Martin
13. Birthplace: Montg. Co. Maryland.

MOTHER
14. Maiden name: Adeline Martin
15. Birthplace: Montg. Co. Maryland.

16. Informant: Hospital Records.

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 15 1940 (month) (day) (year)

Cemetery or crematory: Linco Park

Location: Rockville Md

18. Funeral director: Robert L. Snowden

Address: Rockville Md

19. April 15 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1940, at 4 05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 5 1940, to April 12 1940, and that I last saw him alive on April 12 1940.

Immediate cause of death: Acute Myocarditis — Duration: 1 day

Due to: acute diverticulitis — 10 "

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Diverticulitis descending Colon.

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE [signature] M. D. or other

Address: Sandy Spring, Md. Date signed 4/13/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04396

Reg. Dist. No. 2/3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montg Co

City or town: Rockville R F D-2

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): About 5yrs

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Montg

City or town: Rockville R F D-2 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Amelia E Mason

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife: James Mason

6 (c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): June 20th

8. AGE: Years	Months	Days	If less than one day
1866 73	9	26	____ hrs. ____ min.

9. Birthplace: Maryland

(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business:

FATHER — 12. Name: Robert Thompson

13. Birthplace: Md

MOTHER — 14. Maiden name: Sara Johnson

15. Birthplace: Md

16. Informant: William Mason

Address: Gaithersburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/19/40 (month) (day) (year)

Cemetery or crematory: Cloppers, St Rose Cemetary

Location: Near Gaithersburg Md

18. Funeral director: Ernest C Gartner

Address: Gaithersburg Md

19. 4-17 1940 (Date rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 16th 1940, at 2-15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1939, to April 16 1940, and that I last saw her alive on April 16 1940.

Immediate cause of death	DURATION
Carcinoma of stomach	1 year?
Due to —	
Due to —	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

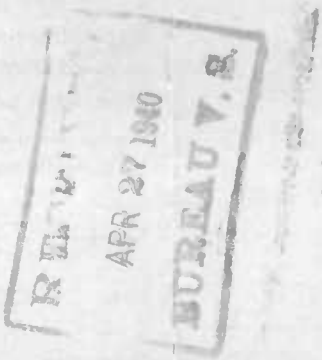
Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Wm A. Linthicum M.D.

M. D. or other

Address: Rockville, Md. Date signed 4/17/40


APR 27 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

P 04397

1. PLACE OF DEATH No social security number

County Monty (124 6) Registration Dist. No. 223

Village or City Tahoma Park (WITHIN CORPORATE LIMITS OF) No. 804 Flower Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 9 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Maupin If U. S. Veteran, specify WAR —

(a) Residence: No. ~~804 Flower Ave~~ 1434 Kennedy St., St., Ward. Washington, D. C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lillie W. Maupin

6. DATE OF BIRTH (month, day, and year) Dec. 3, 1869

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
70	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Real Estate

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Wm. B. Maupin

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lucy Jones

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Martin H. Kinsinger (Address) 752 Silver Spring ave., Silver Spring

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Fort Lincoln Cemetery Date April 3, 1940

19. UNDERTAKER Warner E. Pumphrey (Address) Silver Spring, Md.

20. FILED Apr 2, 1940 J. Wilson Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 4 / 1 , 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 3/18/, 1940, to 4/1/, 1940

I last saw him alive on 3/31, 1940; death is said to have occurred on the date stated above, at 1 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	3/30/40
Other Contributory Causes of importance: Cirrhosis of Liver	?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Howard F. Moore M. D.

(Address) 28 Carroll Ave Tahoma Park Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAY 6 1930 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-a1

04398

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: Montg Co

County Washington Grove, Md, (City)

City or town

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 25yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Montg

City or town Washington Grove Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary D Maxwell

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John W Maxwell

6(c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.) Dec 31 1857

8. AGE: Years	Months	Days	If less than one day
1857 82	3	10	hrs. min.

9. Birthplace Indiana (town, county, and state)

10. Usual occupation House Wife

11. Industry or business

FATHER 12. Name John Asbell

13. Birthplace Kentuckey

MOTHER 14. Maiden name Elizabeth Asbell,

15. Birthplace Indiana

16. Informant John W Maxwell

Address Washington Grove, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/13/40 (month) (day) (year)

Cemetery or crematory Forest Oak Cemetary

Location Gaithersburg Md

18. Funeral director Ernest C Gartner

Address Gaithersburg Md

19. April 12 1940 Rhoda L Cooke

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1940, at 12.30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1940, to April 11 1940, and that I last saw her alive on April 11 1940.

	DURATION
Immediate cause of death	
Acute Cardiac dilatation	1 hr.
Due to	
Subacute Myocarditis	10 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. J. Brochart M.D.
M. D. or other

Address Gaithersburg Date signed 4-11-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
APR 19 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04399

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:

County: Montgomery

City or town: Travilah

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: R. F. D. Gaithersburg

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 14 mos. Life in Co.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Travilah Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: R. F. D. Gaithersburg

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Bernard Wesley McCrossin

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie McCrossin

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 21 - 1865

8. AGE: Years 75 Months 1 Days 0 If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER 12. Name: Joe McCrossin

13. Birthplace: Maryland

MOTHER 14. Maiden name: Louise Disney

15. Birthplace: Maryland

18. Informant: Mr. Vernon J. McCrossin (son)

Address: Rockville - Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr 24/1940 (month) (day) (year)

Cemetery or crematory: Darnestown Pres. Church

Location: Darnestown - Maryland

18. Funeral director: Wm. Reuben Humphrey

Address: Rockville - Maryland

19. April 23 1940 (Date rec'd by registrar) Upton D. Nourse M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 21 1940, at 6:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20 1940, to April 21 1940, and that I last saw him alive on April 21 1940.

Immediate cause of death: Cerebral hemorrhage & right hemiplegia — DURATION: 36 hours

Due to: arteriosclerosis — 5 years

Due to:

Other conditions: None.

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Wm. A. Linthicum M.D. M.D. or other

Address: Rockville, Md. Date signed: April 22/40

RECEIVED
MAY 6 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

04400

CERTIFICATE OF DEATH

Reg. Dist. No. 217

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Montgo

City or town Kensington Nr. Aspen

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Kensington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Branice U. Muckant

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	Married

6 (b) Name of husband or wife Buckley Muckant

6(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Aug 30 1883

8. AGE: Years	Months	Days	If less than one day
56	5	12	— hrs. — min.

9. Birthplace Mo. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER 12. Name Dudley Smith

13. Birthplace Mo.

MOTHER 14. Maiden name Maude Wright

15. Birthplace Mo

16. Interment Buckley Muckant

Address Kensington Md

17. Cremation (Burial, cremation, or removal—which?) Date thereof 4-14-40 (month) (day) (year)

Cemetery or crematory Fort Lincoln

Location Bladensburg Rd.

18. Funeral director Harney E. Humphrey

Address Silver Spring, Md

19. Apr. 13 1940 (Date rec'd by registrar) Gertrude B. Fowler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/12/ 1940, at 1015 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/12/ 1940 to 4/12/ 1940 and that I last saw h alive on 4/12/ 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	3 hrs
Due to Chronic Infectabetes Nephritis	4 yrs
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None.

Of autopsy —

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work? No

23. SIGNATURE [signature] M. D. or other

Address Sandy Spring Date signed 4/13/40

M

RECEIVED
MAY 7 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04401

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (121-C)

County Montgomery Registration Dist. No. 217

Village or City Sandy Spring Md No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of rasidance in city or town whera death occurred 5 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Amy Phillips Miller If U. S. Veteran, specify WAR no

(a) Residence: No. Sandy Spring St. Ward.
(Usual place of abode) Md
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
fem	white	Single

5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of no —

6. DATE OF BIRTH (month, day, and year) Sept 11-1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Trained Nurse

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) Balto (State or country) md

FATHER

13. NAME Llewellyn Miller

14. BIRTHPLACE (city or town) Alexandria (State or country) Va

MOTHER

15. MAIDEN NAME Mary Anna Osburn

16. BIRTHPLACE (city or town) Va (State or country)

17. INFORMANT Mrs Dorothy Smith
(Address) Balto Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Baltimore Md.
Place Greenmount Cem. Date April 5, 1940

19. UNDERTAKER Wm Reuben Pumphrey.
(Address) Rockville & Bethesda Md.

20. FILED April 4, 1940 Gertrude B. Lawler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH apr 3rd 1940
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1940 to apr 3rd, 1940
I last saw h-- alive on apr 3rd, 1940; death is said to have occurred on the date stated above, at 3.25 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

	Date of onset
Chr nephritis with	3/20/40
Mitral Stenosis	unknown
Other Contributory Causes of importance:	
Uremia	5 days

Name of operation no Date of —
What test confirmed diagnosis Examination Was thara an autopsy? no

23. If daath was due to extarnal causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19
Whare did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Chas D Tumbleson M. D.
(Address) Sandy Spring Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04402

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: nr Ednor
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infant, give residence of mother)
State: Md — County: Montgomery
City or town: nr Ednor — Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Isabel Miller

3. (b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
fem	white	Single

6 (b) Name of husband or wife: none
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Sept 11th 1856

8. AGE:

Years	Months	Days	If less than one day
83	7	0	— hrs. — min.

9. Birthplace: Ednor - Mont Co. Md.
(Town, county, and state)
10. Usual occupation: House keeper
11. Industry or business: own home
FATHER
12. Name: Warwick P. Miller
13. Birthplace: alexandria Va
MOTHER
14. Maiden name: Mary M. Stabler
15. Birthplace: Brookeville - Mont Co Md.
16. Informant: Janet Miller
Address: Ednor, Md.
17. Cremation — Date thereof: April 12th 40
(Burial, cremation, or removal) (month) (day) (year)
Cemetery or crematory: Ft Lincoln
Location: College City Md.
18. Funeral director: Lloyd Lauer
Address: Laurel Md.
19. April 12 1940 Gertrude B. Fowler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: apr 11th 1940 at 2½ PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from apr 5 - 1940 to apr 11 1940 and that I last saw h ex alive on apr 10th 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	8 days
Due to	
Due to	
Other conditions: Arterio Sclerosis	unknown

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Chas O Tumbleson MD
M. D. or other
Address: Sandy Spring Md Date signed 4-11-40

RECEIVED
MAY 7 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04403

1. PLACE OF DEATH

County Mon (93rd) Registration Dist. No. 216

Village or City Bethesda No. Convent of the Visitation 1940 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sister M. Michaela Moorey

(a) Residence: No. Convent of the Visitation St., ... Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) April 25 1877

7. AGE Years 62 Months 11 Days 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sisterhood

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

FATHER

13. NAME James Mooney

14. BIRTHPLACE (city or town) (State or country) B. Ireland

MOTHER

15. MAIDEN NAME Sarah O'Shaughnessy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Convent of the Visitation Bethesda

18. BURIAL, CREMATION, OR REMOVAL Place Convent Grounds Date April 18, 1940

19. UNDERTAKER (Address) W. W. Chambers 1400 Chapman St

20. FILED 4-18, 1940 B. C. Perry, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 16 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from January, 1935, to April 16, 1940

I last saw her alive on April 16, 1940; death is said to have occurred on the date stated above, at 9:15 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
① Essential Hypertension	7.
② Hypertensive Heart Disease and Congestive Heart Failure	

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Michael J. McInerney M.D. M. D.

(Address) 5426 - Conn Ave. Washington D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
MAY 4 1940
BUREAU V S

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04404

Reg. Dist. No. 211

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Montgomery

City or town: near Damascus

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: md. County: Montgomery

City or town: near Damascus Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Lillie Mae Mosley

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife: Ernest M. Mosley

6(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): Feb. 22 1886

8. AGE: Years: 54 Months: 1 Days: 9 If less than one day: hrs. min.

9. Birthplace: Frederick Co. md.

(Town, county, and state)

10. Usual occupation: House work

11. Industry or business

FATHER — 12. Name: Robert Watkins

13. Birthplace: Montgomery Co. md.

MOTHER — 14. Maiden name: Sarah Merson

15. Birthplace: Montgomery Co. md.

16. Informant: Ernest Mosley

Address: Monrovia Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 4, 1940 (month) (day) (year)

Cemetery or crematory: Montgomery Cem.

Location: near Damascus

18. Funeral director: A. M. Snyder

Address: Mt. Airy md.

19. April 3 1940 (Date rec'd by registrar) Della N. Burdette Dept Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 1 1940, at 11 10 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 30 1940, to Apr. 1 1940, and that I last saw her alive on Apr. 1 1940.

	DURATION
Immediate cause of death: Streptococcus infection of the lungs	2 or 3 days
Due to: Pneumococcus Infection of lungs	3 days
Due to: Lobar pneumonia. cause Duration = 36 hours	
Due to:	
Other conditions: Secondary Anaemia, probably pernicious in type. (Include pregnancy within 3 months of death)	

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: George M. Boyer M. D. or other

Address: Damascus, Md Date signed: Apr 2, 40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04405

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Poolesville, (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 13

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Martha F. Munday

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Charles S. Munday

6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Jan 26 - 1877

8. AGE:

Years	Months	Days	If less than one day
63	2	29	hrs. min.

9. Birthplace Loudoun County, Va
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Thomas H. Humphries
13. Birthplace England

MOTHER
14. Maiden name Gertrude Saubaun
15. Birthplace Va -

16. Informant Charles S. Munday
Address Poolesville

17. Burial Date thereof 4/27/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location Herndon Va.

18. Funeral director William B. Hilleary
Address Barnesville, Md

19. Apr 24 1940 E. W. Whit
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 24 1940, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 9 - 1940, to Apr 24 1940 and that I last saw him alive on Apr 24 1940.

	DURATION
Immediate cause of death Uremia	
Coma	2 days
Due to Chronic interstitial nephritis	3 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. W. Whit M. D. or other

Address Poolesville Date signed 4/24/40

RECEIVED
MAY 4 1948
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04406

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: Bethesda, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, ~~hospital, or institution~~: 4803 Langdrum Lane

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 2 yrs, 1 mo. 23 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Bethesda Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 4803 Langdrum Lane —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: MALCOLM NEWTON

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: none

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): March 5, 1938

8. AGE: Years: 2 Months: 1 Days: 23 If less than one day: hrs. min.

9. Birthplace: Washington, D.C.
(Town, county, and state)

10. Usual occupation: none

11. Industry or business: none

FATHER
12. Name: Kenneth Newton
13. Birthplace: Middletown, Rhode Island

MOTHER
14. Maiden name: Frances B. Newton
15. Birthplace: Meredith, New Hamp.

16. Informant: Kenneth Newton
Address: 4803 - Langdrum Lane - Bethesda

17. Removal
(~~Burial, cremation, or~~ removal. Which?)
Date thereof: April 28/40 (month) (day) (year)

Cemetery or crematory:

Location: 1300 - N St. N.W. - Wash. D.C.

18. Funeral director: Martin W. Hysong Co.
Address: 1300 - N St. N.W. - Wash. D.C.

19. April 28th 1940 B. C. Perry M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 28th 1940, at 7 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 28 1940, to — 1940 and that I last saw him alive on April 28 1940.

Immediate cause of death: Obstructive laryngitis — DURATION: 12 hrs.

Due to:

Due to:

Other conditions: Lobar pneumonia. — 6 hrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: to be held.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Truman Abbe
Truman Abbe M.D.
M. D. or other
Address: 3741 Huntington St. D.C. Date signed: 4/28/40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04407

Reg. Dist. No. 144 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Olney

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hospital Inc.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard

City or town Clarksville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas Guy Nichols

3. (b) Social Security Number 220-03-1184

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Margaret Nichols

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1877

8. AGE:

Years	Months	Days	If less than one day
62	10	28	hrs. min.

9. Birthplace Clarksville, Howard Co Maryland (Town, county, and state)

10. Usual occupation Farmer - Contractor

11. Industry or business

FATHER

12. Name Jeremiah Nichols

13. Birthplace Clarksville, Md.

MOTHER

14. Maiden name Agnes Morris

15. Birthplace Clarksville, Md.

18. Informant Hospital records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 15, 1940 (month) (day) (year)

Cemetery or crematory St. Louis Cem

Location Clarksville Md

18. Funeral director Easton Sons

Address Ellicott City.

19. (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1940, at 3 17 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1940, to April 12 1940, and that I last saw h-e alive on April 12 1940.

Immediate cause of death Acute Dilatation of Heart — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE L A Nichols M. D. or other

Address Clarksville Date signed 4-14-40

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04408

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Montgomery
City or town: S Spring
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 815 Violet Pl.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Montgomery
City or town: Silver Spring Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 815 Violet Pl.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Clara S Northrop

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Howard Northrop
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb 15 1859

8. AGE: Years: 81 Months: 2 Days: 13 If less than one day: hrs. min.

9. Birthplace: Cheshire Mass.
(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER — 12. Name: George Stowell
13. Birthplace: England

MOTHER — 14. Maiden name: Jane Bowden
15. Birthplace: England

16. Informant: Jane C Parker
Address: 815 Violet pl Silver Spring

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 4/29/40 (month) (day) (year)
Cemetery or crematory: Washington DC
Location:

18. Funeral director: W W Chambers Co
Address: 1400 Chapin st nw.

19. 4-28-40 (Date rec'd by registrar) Sallie B. Leibig Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 28 1940, at 3:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 9 1940 to April 28 1940, and that I last saw her alive on April 27 1940.

	DURATION
Immediate cause of death: Cerebral hemorrhage	2½ weeks
Due to: due to arteriosclerosis and hypertension	few years
Due to: nephrosclerosis	few years
Other conditions: arteriosclerotic heart disease	few years

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Daniel B. Washington MD
M. D. or other
Address: 6234 2a Ave Wash DC Date signed: 4/28/40

RECEIVED
MAY 8 1919
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04409

Reg. Dist. No. 216

1. PLACE OF DEATH:

County Montgomery

City or town Somerset

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 19 Dorset Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 22 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Montgomery

City or town Somerset Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 19 Dorset Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah M. Howe Pierson

3. (b) Social Security Number None

4. Sex F.

5. Color or race Wh

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Ralph B. Pierson

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2 - 1847

8. AGE: Years 93 Months 2 Days 27 If less than one day hrs. min.

9. Birthplace Etna Ohio (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Timothy W. Howe

13. Birthplace High Gate Vt.

MOTHER 14. Maiden name Chloe L. Harris

15. Birthplace Grandville Ohio

16. Informant Loanna H. Barnes

Address 19 Dorset Ave

17. Wash. D.C. (Burial, cremation, or removal. Which?) Date thereof 4-29-40 (month) (day) (year)

Cemetery or crematory

Location Pataskala Ohio

18. Funeral director Jos. Gawler's Sons

Address 1756 Pa Ave N.W.

19. 4-29 1940 (Date rec'd by registrar) B C Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1940, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 23, 1940, to Apr. 29, 1940 and that I last saw her alive on Apr. 29, 1940

Immediate cause of death Bronchopneumonia

DURATION 7 days.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. G. Bauersfeed M.D. M. D. or other

Address Bethesda, Md. Date signed 4/29/40

RECEIVED
MAY 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04410

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County of Montgomery — Registration Dist. No. 223-

(If WITHIN CORPORATE LIMITS OF) Village or City Takoma Park - Maryland — No. Washington San. & Hosp. St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. — How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Reichgut - Mrs Leah — If U. S. Veteran, specify WAR ...

(a) Residence: No. 1300 Spring Road - N. W. St., Ward. Wash. D.C.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Jewish	widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Reichgut - Mr Moses

6. DATE OF BIRTH (month, day, and year): March 18, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	—	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Own Home

10. Date deceased last worked at this occupation (month and year): 10-26-39

11. Total time (years) spent in this occupation: 45 yrs

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Rosenfeld - Mr Wolf

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: ? - Miss Belle

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Washington San. & Hosp. (Address) Takoma Park Maryland

18. BURIAL, CREMATION, OR REMOVAL — Place: Washington Dc. — Date: 4/17, 1940

19. UNDERTAKER: B Danzansky & (Address) 3501 14th St NW

20. FILED: Apr. 17, 1940 — William Duff, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April (Month) 16 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1940, to April 16, 1940

I last saw h-- alive on April 16, 1940; death is said to have occurred on the data stated above, at 11.05 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Progressive Lenticular Degeneration	1939
Other Contributory Causes of importance: Terminal Hypostatic Pulmonary Congestion	April 14 1940

Name of operation: none — Date of: ...

Whet test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) George M. Gibbs M. D.

(Address) Takoma Park Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAY 8 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

94a

04411

Reg. Dist. No. 21

1. PLACE OF DEATH:

County Montgomery

City or town Chevy Chase
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 207 - East Thornapple St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) about 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Chevy Chase Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 207 - East Thornapple St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Myers Reynolds

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Amanda D Reynolds

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 5 - 1860

8. AGE: Years 80 | Months 7 | Days 19 | If less than one day hrs. min.

9. Birthplace Delaware
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Myers Reynolds
13. Birthplace Delaware

MOTHER
14. Maiden name Mary Jane Collins
15. Birthplace Delaware

16. Informant Mr. Lew S. Mohler

Address 207 - E. Thornapple St Ch Ch Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 26 - 1940 (month) (day) (year)

Cemetery or crematory Cedar Hill

Location Westland - Maryland

18. Funeral director Wm. Reuben Pumphrey

Address 7005 - Wis Ave Bethesda Md

19. Apr. 26 1940 (Date rec'd by registrar) B. C. Perry M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24th 1940, at 9 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1930 19 , to Apr. 24th 1940, and that I last saw h alive on 19

Immediate cause of death Coronary Thrombosis with Myocardial Failure — DURATION 5 days.

Due to Coronary Artery Sclerosis and — 3 years.

Due to Arterial Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. C. Sims M. D. or other

Address 1611 - 21st St. NW Washington DC. Date signed 4/24/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 30 1940
BUREAU V. M.

04412

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH 93d

County Montgomery Registration Dist. No. 223

WITHIN CORPORATE LIMITS OF

Village or City Takoma Park, Md. No. 22 Grant Avenue St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 4 mos. 12 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME May Rice If U. S. Veteran, specify WAR

(a) Residence: No. Ft. Moultrie, S. Car. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Warren J. Rice

6. DATE OF BIRTH (month, day, and year) May 6, 1866.

7. AGE Years 73 Months 11 Days 24 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Warren

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. B. J. Cullins (Address) Ft. Moultrie, S. Car.

18. BURIAL, CREMATION, OR REMOVAL Chapman H. May 2

Place ~~Wash. D.C.~~ Chattanooga Tenn. Date ~~Apr 30~~, 1940

19. UNDERTAKER J. Arthur Walters (Address) 254 Carroll St. Takoma Park, D.C.

20. FILED Apr. 30, 1940 J. Hilton Dell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 4/30/1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 12/18, 1939, to 4/30/, 1940

I last saw her alive on 4/29, 1940; death is said to have occurred on the date stated above, at 4 55 A m.

The PRINCIPAL CAUSE OF DEATH and relatad causas of importance were as follows:

	Date of onset
Arteriosclerosis Gen (Severe)	1938
Ch. Deg. Myocarditis	
Mild Decomp	4/24/40

Other Contributary Causes of importance:

Chronic Diarrhea (Etiology unknown)	1/14/40

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If daath was due to external causas (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way relatad to occupation of deceased? No

If so, specify

(Signed) Howard T. Moore M. D.

(Address) 28 Carroll Ave Takoma Park Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

04413

CERTIFICATE OF DEATH

Reg. Dist. No. 217

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County Montgomery

City or town Olney
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hospital Inc.

Stay in hospital or inst. (yrs., or mos., or days) 13 days

Stay in this community (yrs., or mos., or days) Twenty Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Olney Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. (Mr. T. A. Barnsley) Farm –
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Ernest Riggs

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married.

6 (b) Name of husband or wife Sadie Riggs

6(c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) April 18, 1880

8. AGE: Years	Months	Days	If less than one day
60	0	7	hrs. min.

9. Birthplace Laytonsville, Montg. Co. Md.
(Town, county, and state)

10. Usual occupation laborer

11. Industry or business Farm.

FATHER
12. Name John Riggs
13. Birthplace Montg. Co. Md.

MOTHER
14. Maiden name Mary Frazier
15. Birthplace Montg. Co. Md.

16. Informant Hospital Records.
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 26 1940 (month) (day) (year)

Cemetery or crematory Brookmont Md.

Location Montgomery Co. Md.

18. Funeral director Roy W. Barber

Address Laytonsville Md.

19. April 26 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1940, at 4:55 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 11 1940 to April 25 1940, and that I last saw him alive on April 25 1940

Immediate cause of death	DURATION
Coronary Occlusion	5 min
Due to Arterio-sclerosis	unknown
Due to Hypertension	unknown.
Other conditions Cerebral embolism	14 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles M. Nelson M. D. or other

Address Sandy Spring, Md. Date signed 4/25/40

RECEIVED
MAY 7 1918
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04414

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: 6707 - 46th St., Chevy Chase, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 5 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Chevy Chase Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 6707 - 46th Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Walter Edward Sanford

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Grace Laraway Sanford

6 (c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): October 22, 1855

8. AGE: Years	Months	Days	If less than one day
85	6	12	____ hrs. ____ min.

9. Birthplace: Connecticut (Town, county, and state)

10. Usual occupation: Merchant

11. Industry or business

FATHER — 12. Name: Joseph D. Sanford

FATHER — 13. Birthplace: Connecticut

MOTHER — 14. Maiden name: Mary Smith

MOTHER — 15. Birthplace: Connecticut

16. Informant: Raymond L. Sanford

Address: 6707 - 46th St., Chevy Chase, Md.

17. (Burial, cremation, ~~or removal. Which?~~) Date thereof: 4-5-40 (month) (day) (year)

Cemetery or crematory: Cremation

Location: Cedar Hill

18. Funeral director: W. Reuben Dunphrey

Address: 7005 Wis. Av. Bethesda Md

19 Apr. 5 1940 (Date rec'd by registrar) B. C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 4 1940, at 8:14 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 5 1937, to April 4 1940, and that I last saw him alive on April 3 1940

Immediate cause of death	DURATION
Congestive heart failure	1 dy
Due to General arterio sclerosis.	3 yrs
Due to Old age	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Wm. Lewis Lee M.D. M. D. or other

Address: 1002 E St. N.W. Date signed: 3/0 '40

RECEIVED
MAY 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04415

107

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223

WITHIN CORPORATE LIMITS

Village or City Takoma Park No. 269 Maple Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME SHIFFLET, MARY (MOLLIE)

(a) Residence: No. 269 Maple Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr John Derrick Shiflett

6. DATE OF BIRTH (month, day, and year): Sept 7 - 1873

7. AGE: Years 66 to 7; Months 7; Days 19; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: house wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Own home

10. Date deceased last worked at this occupation (month and year): 4-16-40

11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (city or town) (State or country): Raleigh Spgs Va

FATHER

13. NAME: Mose Joseph.-

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): John D Shiflett 269 Maple Ave, Takoma Park, Md.

18. ~~BURIAL, CREMATION~~, OR REMOVAL Place: Arlington Va Date: 4-24, 1940

19. UNDERTAKER (Address): C J Ives Arlington, Va

20. FILED: Apr. 25, 1940 J. Wilson Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 25 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1940, to April, 1940 I last saw her alive on April, 1940; death is said to have occurred on the date stated above, at 5:18 P.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Pneumonia Lobular	4-18-40

Other **Contributory Causes** of importance:

Name of operation: None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. W. Mitchell M. D.

(Address) Silver Spring, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04416

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: 6th St., Cabin John, Maryland
(if outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2½ Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: 6th St., Cabin John Ward No.
(if outside city or town limits, write RURAL NEAR and give town)

Street No.: 6th Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Mrs. Frances Elizabeth Shuff

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Charles Shuff

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): October 11, 1897

8. AGE: Years	Months	Days	If less than one day
43	6	21	____ hrs. ____ min.

9. Birthplace: Washington County, Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Oliver Crafton
13. Birthplace: ? Unknown

MOTHER
14. Maiden name: Nannie Busch
15. Birthplace: ? Unknown

16. Informant: Charles Shuff
Address: Cabin John, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof April, 6, 1940 (month) (day) (year)

Cemetery or crematory: Potomac, Maryland

Location: Potomac, Maryland

18. Funeral director: W. Reuben Pumphrey

Address: 7005 Wisconsin Ave Bethesda Md

19. Apr. 5 1940 B. C. Perry M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 2 1940, at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 11 1936, to April 2 1940, and that I last saw her alive on April 2 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	4 or more years
Due to	
Due to	
Other conditions: Exhaustion	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Bradley D. Hodgkins M.D.
M. D. or other

Address: 4600 Chevy Chase Blvd Date signed: 4/2/40

RECEIVED
MAY 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04417

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 211

Village or City Mr. Hyattstown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edward T. Snowden

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Georgie Snowden

6. DATE OF BIRTH (month, day, and year): 7-22-1869

7. AGE: Years 70 | Months 6 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year): 4-1940

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Montgomery Co. Md.

FATHER

13. NAME: David Snowden

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Rebecca Bowie

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Georgie Snowden

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Grove Date 4-10, 1940

19. UNDERTAKER (Address): Hilton & Burdette Hyattstown Md.

20. FILED April 1st, 1940 Wm E Lewis Lord Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Probably Apr (Month) 1 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Coroner Case, 19, to, 19

I last saw him alive on, 19; death is said to have occurred on the date stated above, at m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Probably Cerebral hemorrhage Found dead near home after being missed from home since Apr 1 1940.

Date of onset

Other **Contributory Causes** of importance: Had high blood pressure often fainting spells

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Deputy Medical Examiner E. Hawks Mont Co

(Address) Rockville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The **principal cause of death** and related causes of importance were as follows:	Date of onset	The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other **contributory causes** of importance:		Other **contributory causes** of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04418

CERTIFICATE OF DEATH

Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Damascus

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State ____ County ____

City or town ____ Ward No. ____

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ____

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ____

3. (a) FULL NAME Baby Boy Sowder

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	S

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Stillborn

8. AGE:

Years	Months	Days	If less than one day
			____ hrs. ____ min.

9. Birthplace Damascus

(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Walter Richard Sowder

13. Birthplace Damascus, Md.

MOTHER 14. Maiden name Esther Virginia Watkins

15. Birthplace Cedar Grove, Montg. Co. Md.

16. Informant mother

Address Damascus, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 14 1940 (month) (day) (year)

Cemetery or crematory Damascus Mem.

Location ____

18. Funeral director J. B. Beall, Inc.

Address Damascus Maryland

19. Apr 14 1940 (Date rec'd by registrar) Della N. Burdette Dept. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Stillborn - April 14, 1940, at 12:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Stillborn 19 ____, to ____ 19 ____, and that I last saw h ____ alive on ____ 19 ____.

Immediate cause of death	DURATION
Stillborn - cause unknown	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy ____

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE M. McKendree Boyer M. D.

M. D. or other

Address Damascus, Md. Date signed 4-14-40

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74a)

04419

CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Moulgomery

City or town Rural near Rockville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: R F D Rockville

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Moulgomery

City or town Rural- nr Rockville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R F D Rockville
(If rural give LOCATION)

2(e) IF VETERAN, NAME WAR no

3. (a) FULL NAME Benjamin Franklin Sudduth

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sarah A. Sudduth

6(c) If alive, give age about 70 years

7. Birth date of deceased (mo., day, yr.) July 4 - 1867

8. AGE:

Years	Months	Days	If less than one day
72	9	1	hrs. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Joseph Sudduth
13. Birthplace Virginia

MOTHER
14. Maiden name Katherine Farr
15. Birthplace Virginia

16. Informant Sarah A. Sudduth

Address Near Rockville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 8 - 1940 (month) (day) (year)

Cemetery or crematory Potomac Methodist Church

Location Potomac Maryland

18. Funeral director Wm. Reuben Humphreys

Address Rockville Maryland

19. 4-7 1940 Faye Barnsley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/5 1940, at 1P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__; and that I last saw h alive on ____ 19__.

Immediate cause of death	DURATION
Coronary occlusion	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Hawes M.D.
M. D. or other

Address Rockville Maryland Date signed 4/7/40

RECEIVED
APR 13 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04420

CERTIFICATE OF DEATH

Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Woodfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 77 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Woodfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Zelia A. Thompson

3. (b) Social Security Number: None

4. Sex: F.
5. Color or race: W.
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Millard F. Thompson
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): May 2, 1853
8. AGE: Years: 76 Months: 11 Days: 21 If less than one day: ____ hrs. ____ min.
9. Birthplace: Nr. Woodfield, Md. (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business: Home
FATHER 12. Name: James Duvall
FATHER 13. Birthplace: Montg. Co., Md.
MOTHER 14. Maiden name: Alice Penn
MOTHER 15. Birthplace: Montg. Co., Md.
16. Informant: Mrs Dora Duvall
Address: R D - Gaithersburg, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 24 1940 (month) (day) (year)
Cemetery or crematory: Baptist Cedar Grove
Location: Montgomery Co Md
18. Funeral director: Roy H. Barber
Address: Laytonsville Md
19. April 24 1940 (Date rec'd by registrar) Della V. Burdette Dept. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 23 1940, at 10a M, at intervals

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1930 to Apr 23 1940, and that I last saw her alive on Apr 23 1940

Immediate cause of death	DURATION
Diabetis - sclerotic Heart disease	
Death occurred suddenly	
Due to	
Due to	
Other conditions: Hypertension	10 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: George M. Boyer M.D. M. D. or other
Address: Damascus Md — Date signed 4-23-40

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MAY 6 1940
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04421

Reg. Dist. No. 223-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Takoma Park (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Sanitarium and Hospital

Stay in hospital or inst. (yrs., or mos., or days) 5 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State District of Columbia County

City or town Washington Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 307 Third St. N.W. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert A. Thompson

3. (b) Social Security Number 578-07-6219

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	W	married

6 (b) Name of husband or wife Mrs. Vivia Thompson

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 7, 1893

8. AGE: Years	Months	Days	If less than one day
47	3 mo	4 days	hrs. min.

9. Birthplace Owen Co. (Town, county, and state) Kentucky

10. Usual occupation Carpenter

11. Industry or business Longley's Dept. Store

FATHER 12. Name Isaiah Thompson

FATHER 13. Birthplace ? Virginia

MOTHER 14. Maiden name Mildred Smithers

MOTHER 15. Birthplace ? Virginia

16. Informant Hospital Records. Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof Apr 11 1940 (month) (day) (year)

Cemetery or crematory

Location Washington D C

18. Funeral director W. W. Chambers Co.

Address 1400 - Chapin St. N.W.

19. Apr 11 1940 (Date rec'd by registrar) 19 J. Hetson Redell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11th 1940, at 1:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 7 1940 to Apr 11 1940, and that I last saw him alive on April 11 1940

	DURATION
Immediate cause of death: Pneumococic Meningitis	5 days
Due to: Rheumatic Heart Disease	unknown
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations 0

Of autopsy 0

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert A. Hare M.D. M. D. or other

Address Takoma Park, Md. Date signed 4/11/40

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APR 16 1940
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

04422

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Wheaton (R#1, Silver Spring)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Brookeville Pike
Stay in hospital or insl. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): 17

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Wheaton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Brookeville Pike
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Emma Paula Tyser

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married

6.(b) Name of husband or wife: Frank L. Tyser
6.(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): March 22, 1891

8. AGE:

Years	Months	Days	If less than one day
49	—	12	____ hrs. ____ min.

9. Birthplace: Generest, France (Town, county, and state)
10. Usual occupation: housewife
11. Industry or business: own home

FATHER
12. Name: Jean Marie Fontan
13. Birthplace: France

MOTHER
14. Maiden name: Jeanne Marie Louise Sourat
15. Birthplace: France

16. Informant: Miss Jeanne Tyser
Address: R#1, Silver Spring

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 6, 1940 (month) (day) (year)
Cemetery ~~or crematory~~: Fort Lincoln
Location: Bladensburg Rd., Md.

16. Funeral director: Warner E. Pumphrey
Address: Silver Spring, Md.

19. April 3 1940 (Date rec'd by registrar) J. E. Dudley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 3 1940, at 8 33 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 2 1939 to April 3 1940, and that I last saw her alive on April 3 1940.

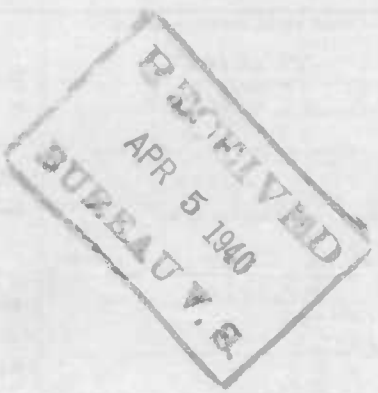
Immediate cause of death	DURATION
Scirrhous carcinoma of breast	2 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations: Left mastectomy June 1939
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Katharine A. Chapman M.D.
(M. D. or other)
Address: 29 West Baltimore St. Kensington, Md. Date signed 4/3/40


RECEIVED
APR 5 1940
BUREAU V. C.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131-5

04423

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:

County Montgomery

City or town Rockville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 806 - Maple Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Rockville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 806 - Maple Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME William Bouie Veirs

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife None

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 15 - 1856

8. AGE: Years 83 Months 5 Days 3 If less than one day hrs. min.

9. Birthplace Rockville - Maryland (Town, county, and state)

10. Usual occupation Salesman

11. Industry or business

FATHER 12. Name Edward M Veirs

13. Birthplace Maryland

MOTHER 14. Maiden name Sarah A Riley

15. Birthplace Maryland

16. Informant Mrs Belle Veirs Ellis

Address Rockville - Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 21/40 (month) (day) (year)

Cemetery or crematory Rockville Union

Location Near Rockville - Md

18. Funeral director Wm. Reuben Humphrey

Address Rockville - Maryland

19. April 20 1940 (Date rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1940, at 2480 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 28 1940, to Apr 18 1940 and that I last saw him alive on Apr 18 1940

Immediate cause of death Chronic Myocarditis

DURATION

Due to

Due to

Other conditions Chronic Nephritis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C E Hawks M. D. or other

Address Rockville Md Date signed 4/19/40

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MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04424

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgo
City or town Cabin John.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgo
City or town Cabin John. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Lucinda Wallace.

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widowed

8 (b) Name of husband or wife unknown
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 20. 1858

8. AGE:

Years	Months	Days	If less than one day
82	1	26	____ hrs. ____ min.

9. Birthplace Cabin John. Md.
(Town, county, and state)
10. Usual occupation Housekeeper.
11. Industry or business
FATHER 12. Name William N. Stewart
13. Birthplace Cabin John. Md
MOTHER 14. Maiden name unknown.
15. Birthplace
16. Informant Chesley Stewart
Address Cabin John.
17. Buried Apr. 19, 1940
(Burial, cremation, or removal. Which?) (Date thereof) (month) (day) (year)
Cemetery or crematory Mt Glory.
Location Mt Glory, Md.
18. Funeral director Robt. L. Snowden
Address Rockville, Md.
19. Apr. 18 1940 B. C. Perry, M. D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 – 1940, at 8 15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 26 1940, to April 16 1940, and that I last saw h[illegible] alive on April 16 – 1940.

Immediate cause of death Bronchopneumonia — DURATION 2 weeks

Due to Exposure —

Due to

Other conditions Chronic myocarditis — Hypostasis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wheeler D. Huff M. D. or other
Address Bethesda, Md. Date signed 4-17-40

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MAY 6 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04425

Reg. Dist. No. 218

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Montg Co

City or town: Gaithersburg, R F D,
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 76yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Montg

City or town: (Emory Grove) Gaithersburg Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Elizabeth Wallace

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col	Married

6 (b) Name of husband or wife: Hamilton Wallace

6(c) If alive, give age: 74yrs years

7. Birth date of deceased (mo., day, yr.): Sept 10th 1863

8. AGE: Years	Months	Days	If less than one day
1863 76	7	6	____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business

FATHER
12. Name: Henry Jackson
13. Birthplace: Md

MOTHER
14. Maiden name: Eliza Jackson
15. Birthplace: Md

16. Informant: Hamilton Wallace
Address: Gaithersburg Md, R F D

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/18/40 (month) (day) (year)

Cemetery or crematory: Brookgrove Cemetary,
Location: Laytonsville Md

18. Funeral director: Ernest C Gartner
Address: Gaithersburg Md

19 April 17 1940 (Date rec'd by registrar) Alvada T Cook Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 16th 1940 12-45 Pm
19 ____, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April -15- 1940 to April -16- 1940, and that I last saw h alive on April -15- 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	2 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. C. Miller M. D. or other

Address Gaithersburg Md, Date signed 4/16/40

RECEIVED
MAY 6 1940
BUREAU V. S.

Dr. Miller. Guilty.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

164C

04426

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:

County Montgomery Co

City or town Near Gorham Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) Sixty Eight yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Near Gorham Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Zachariah M. Waters

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced married

6 (b) Name of ~~husband or~~ wife Susie D. Waters

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Dec 16 - 1871

8. AGE: Years 68 Months 3 Days 24 If less than one day ___ hrs. ___ min.

9. Birthplace Montgomery Co Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farmer

FATHER 12. Name Zachariah M Waters

13. Birthplace Montgomery Co.

MOTHER 14. Maiden name Sarah N Magruder

15. Birthplace Montgomery Co.

16. Informant Mrs Susie D. Waters

Address Gaithersburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 12 - 1940 (month) (day) (year)

Cemetery or crematory Laytonsville Md

Location Montgomery Co

18. Funeral director Roy M Barber

Address Laytonsville Md

19. 4/11/1940 19 (Date rec'd by registrar) L. O'Bell Dept. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 10 1940, at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner Case 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death Hemorrhage into brain due to gun shot wound into head self inflicted

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of Apr 16 - 40

Where did injury occur? Gaithersburg (City or town) Mont (County) Md (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury gun shot wound in head Injured at work? no

23. SIGNATURE C. E. Hawks Deputy Med Ex of Mont Co M.D. or other

Address Rockville Md Date signed 4/10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

Written over Rubber Stamp

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04427

Reg. Dist. No. 223-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

WITHIN CORPORATE LIMITS

City or town: Takoma Park

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Sanitarium and Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 Hr. 3/4

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1512 Emmerson St. N.W.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Hugh H Weedon, Sr.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Elizabeth Weedon

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 3, 1864

8. AGE:

Years	Months	Days	If less than one day
75	4	10	hrs. min.

9. Birthplace: Brentsville, Virginia

(Town, county, and state)

10. Usual occupation: Business Man - Retired

11. Industry or business:

FATHER

12. Name: Peter Weedon

13. Birthplace: Virginia

MOTHER

14. Maiden name:

15. Birthplace: Virginia

16. Informant: Hospital Record

Address:

17. Burial, cremation, or removal. Which?: Washington D.C. Date thereof: Apr. 13 1940 (month) (day) (year)

Cemetery or crematory:

Location:

18. Funeral director: J. William Leis Sons

Address: 390 - 4th St. N.E.

19. Apr. 14th 1940 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr 13 1940 at 2.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__ to ____ 19__, and that I last saw him alive on ____ 19__

Immediate cause of death	DURATION
Probable Acute dilatation of heart due to Chronic Myocarditis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: C. E. Hawes

Deputy Coroner (Title) (M.D. or other)

Address: Washington D.C. Date signed: 4/13/40

RECEIVED
MAY 6 1940
BUREAU V. S.

04428

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

County Montgomery

WITHIN CORPORATE LIMITS OF

City or town Takoma Park

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Sanitarium and Hospital

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia County

City or town Purcellville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Welsh

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22, 1940

8. AGE: Years | Months | Days | If less than one day Still born hrs. min.

9. Birthplace Takoma Park, Montgomery Co. Md. (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Samuel Benjamin Welsh
13. Birthplace Loudon County, Virginia

MOTHER
14. Maiden name Barbara Gregg
15. Birthplace Loudon County Virginia

16. Informant Washington Sanitarium Records

Address Takoma Park, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 23, 1940 (month) (day) (year)

Cemetery or crematory Lincoln Va

Location Virginia

18. Funeral director L. Gascha Sons

Address Hyattsville Md

19. Apr. 23 1940 (Date rec'd by registrar) J. Wilson Rodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1940, at 5 55 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death accident of pregnancy - still birth at 8 1/4 mo.

Due to

Due to cause unknown

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy nothing diagnostic

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Emma Hughes M.D. M. D. or other

Address Takoma Park, Maryland Date signed April 22, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131-6)

04429

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
County Montgomery
City or town Mr Sandy Spring Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Olney Md
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Olney Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edw John Wilhoit
3. (b) Social Security Number NONE

4. Sex Male
5. Color or race white
6. (a) Single, married, widowed, or divorced mar
6 (b) Name of ~~husband~~ or wife Anna May Wilhoit
8 (c) If alive, give age 64 years
7. Birth date of deceased (mo., day, yr.) June 19 - 1864
8. AGE: Years 75 Months 9 Days 21 If less than one day — hrs. min.
9. Birthplace Wartrace - Tenn.
(Town, county, and state)
10. Usual occupation Telegrapher
11. Industry or business Retired
FATHER
12. Name Jeremiah Wilhoit
13. Birthplace Tenn.
MOTHER
14. Maiden name Sarah E Norvell
15. Birthplace Tenn.
16. Informant Mrs A. M. Wilhoit
Address Olney Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 10/40 (month) (day) (year)
Cemetery or crematory St. Johns Church Cemetery
Location Beltsville, Maryland
18. Funeral director Martin W. Hysong Co.
Address 1300 - N Street N.W. Wash. D.C.
19. Apr. 10 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr - 8 - 1940, at 5 45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 1 1938, to Apr 8 1940, and that I last saw him alive on Apr 6 - 1940.

Immediate cause of death Uremia — DURATION 4 days
Due to Chr Heart & Kidney
Due to disease with hyper-tension — 4 yrs
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE Chas L Tumbleson M. D. or other
Address Sandy Spring Md Date signed 4-8-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 2 1940
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (169)

04430

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:
County Montgomery
City or town Near Gaithersburg Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Washington D C Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Chas. Earl Wrenn

3. (b) Social Security Number 577-10-6969

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: unknown
6 (b) Name of husband or wife —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Feb 6th 1885

8. AGE: Years 1885 55 | Months 1 | Days 25 | If less than one day ___ hrs. ___ min.

9. Birthplace Virginia (Town, county, and state)
10. Usual occupation Painter
11. Industry or business

FATHER
12. Name Charles A Wrenn
13. Birthplace Va

MOTHER
14. Maiden name Martha Jones
15. Birthplace Va

16. Informant Herbert A Wrenn
Address Lanham Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr, 3rd 40 (month) (day) (year)
Cemetery or crematory Congressional Cemetary
Location Washington D C
18. Funeral director Ernest C Gartner
Address Gaithersburg Md

19. April 3 1940 (Date rec'd by registrar) Alreda G. Cooke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 1 1940, at 3 P M about

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw him alive on ___ 19___.

Immediate cause of death Hit by B & O Express train crushing skull & upper portion of chest fracture of right ankle & left thigh & both arms — DURATION

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 4/1/40
Where did injury occur? Mr. Browns Crossing Mont Md (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Browns Crossing
Means of injury Hit by train Injured at work? no

23. SIGNATURE C. E. Hawks Md
Deputy Medical Exf Mont Co Md
Address Rockville Md Date signed 4/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (I) (M)

RECEIVED
MAY 6 1940
BUREAU V. S.